



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Acting Director

TO: All Companies Writing Accident and Health Insurance and Managed Care Plans in Illinois

FROM: Dana Popish Severinghaus, Acting Director *dps*

DATE: December 28, 2021

RE: Company Bulletin 2021-17
Expedited Hospital Transfers During COVID-19 Surge

In the midst of the ongoing COVID-19 pandemic, the Illinois Department of Insurance (Department) is issuing this Bulletin to encourage health issuers to take all possible steps to assist in relieving pressure on the healthcare system. With the stress the pandemic has placed on the state's emergency departments and hospitals, it is more crucial than ever that patients who can be transferred safely out of a hospital setting into a long-term care, nursing home or other alternative care facility, be so transferred without undue delay.

The Department strongly encourages all health issuers to take steps to expedite the transfer of patients to long-term care, nursing home or other alternative healthcare facilities when possible. These steps could include but are not limited to the following:

1. Ensure there is adequate staffing to provide expedited review and determinations for the transfers, including on nights, weekends and holidays.
2. Give elevated priority to prior authorization reviews for insureds eligible to transfer into a long-term care, nursing homes or other alternative health care facilities;
3. Increase communication between providers/facilities and issuers to troubleshoot any potential roadblocks in streamlining the approval process;
4. Verify the health issuer's provider network(s) are adequate to handle an increased volume in discharge determinations. If the issuer does not have a participating provider or facility within the network with the appropriate capacity or experience to meet the specific health care needs of an insured, issuers should make exceptions to provide access to non-participating provider/facility at no greater cost than if the benefits were provided by a participating provider/facility and include restrictions on balance billing.
5. In circumstances that require utilization of non-participating facilities to accommodate timely transfer when a participating provider/facility does not have capacity or experience to meet the

specific health needs of the insured, ensure good faith negotiations between the issuer of coverage and non-participating provider/facility to mitigate delays.

Questions regarding this Bulletin should be directed to DOI.InfoDesk@illinois.gov.